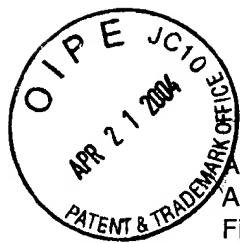


Application No.: 09/944,261
312 Amendment Dated: April 19, 2004

KUM-105US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appn. No: 09/944,261
Applicant: Pushpangadan et al.
Filed: August 31, 2001
Title: CUSTOM MADE HERBAL HEALTH PROMOTIVE FORMULATION FOR FEMALES/EXPECTANT MOTHERS (as amended)
TC/A.U.: 1654
Examiner: Randall O. Winston
Confirmation No.: 1025
Docket No.: KUM-105US

AMENDMENT UNDER SECTION 1.312

Mail Stop Issue Fee

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Notice of Allowance dated March 23, 2004, please amend the above-identified application as follows:

- Amendments to the Specification** begin on page _____ of this paper.
- Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- Remarks/Arguments** begin on page 4 of this paper.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

B

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

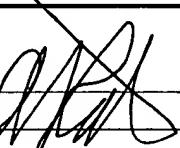
Total Number of Pages in This Submission

Application Number	09/944,261
Filing Date	August 31, 2001
First Named Inventor	Pushpangadan et al
Art Unit	1654
Examiner Name	Randall O. Winston
Attorney Docket No.	KUM-105US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name Signature	Allan Ratner 	Registration No. (Attorney/Agent)	19,717
Date	April 19, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 19, 2004

Typed or printed name	Kathy Spina		
Signature	Kathy Spina	Date	April 19, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.